MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

12470

File No. 1399

Registered No.

1. PLACE OF DEATH
County Jackson
Registration District No. 399
Township
Primary Registration District No. 1002
City Kansas City (No. St Lukes Hospital St. Ward)

2. FULL NAME ELODIE Deconinck VANLERBERG

(a) Residence, No. St., Ward. Olathe Kas.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dale VanLerberg

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mch-10-1879

7. AGE YEARS 53 MONTHS 0 DAYS 23 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Belgium 4

FATHER
13. NAME Evo DePayw
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Belgium

MOTHER
15. MAIDEN NAME McLani Bral
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Belgium

17. INFORMANT (ADDRESS) Mrs. Erma DeCook, 4126 No Kadvel Chicago

18. BURIAL, CREMATION, OR REMOVAL
PLACE Olathe DATE Apr. 2 1932

19. UNDERTAKER (ADDRESS) H.E. JULIEN Olathe Ks.

20. FILED 4/2, 1932 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 27, 1932, to April 2, 1932
I last saw her alive on April 2, 1932. Death is said to have occurred on the date stated above, at 7:10 P.M.
The principal cause of death and related causes of importance were as follows:

Leukemia
TBA
59

Date of onset

Other contributory causes of importance:
Diabetes

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) R D Grayson, M. D.
(Address) Olathe, Kansas

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

V. S. No. 2.